

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13302

State File No. _____

FILED MAY 11 1953		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 513	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highland 8150			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) John		a. (First) b. (Middle) Martin		c. (Last) Casey		4. DATE OF DEATH May 1, 1953	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH January 17, 1883		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Corning, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Casey		13b. MOTHER'S MAIDEN NAME Marie Randall		14. NAME OF HUSBAND OR WIFE Jennie Marie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stanley Schumcker, Highland, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1950, to 1 May, 1952, that I last saw the deceased alive on 30 April, 1953 and that death occurred at 12:15a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert L. Casdin, M.D.				23b. ADDRESS Highland, Kansas		23c. DATE SIGNED 5-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/1/1953		24c. NAME OF CEMETERY OR CREMATORY Highland, Kansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. May 6, 1953		REGISTRAR'S SIGNATURE Lothar M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norton-Brown Funeral Home St. Joseph, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4532

P. O. Address 319 La 10th St. New Orleans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.